

Carmichael Seventh-Day Adventist Church

Student Tuition Assistance Program

Deadline for submitting form and receiving full consideration is May 17, 2019

Dear Applicant for Tuition Assistance:

We believe that our Seventh-day Adventist Christian education provides the best opportunities for the social, mental, spiritual, and physical development of our youth. Often such an education requires great sacrifice and commitment. The Carmichael Seventh-Day Adventist church is committed to assisting member families who provide documented need for tuition assistance. Our model and ministry is taken from the New Testament model of believers helping other believers, "as they had need." Acts 2:45.

We have a limited amount of tuition assistance funds that we can share. The amount of assistance is distributed on the basis of need, funds available, participation in the Carmichael Church and SAA communities and the level of effort and commitment demonstrated by parents/guardians in contributing to tuition.

If you feel that you need tuition assistance, it is important to complete this application and return it to the church office.

Eligibility Criteria:

1. The parent(s) or guardian must have been supporting members of Carmichael SDA Church for six months (unless moved into area recently)
2. The student must maintain satisfactory grades, attendance, and citizenship.
3. The student's account must be kept current.
4. The student, parent (or guardian) must be responsible for a portion of the student tuition commensurate with their ability and circumstances.
5. Application must be received by Carmichael SDA Church business office by June 4. (Late and/or incomplete applications will not receive full consideration.)
6. First time applicants who receive tuition assistance must complete Dave Ramsey's ***Financial Peace University*** as soon as it is available in the Sacramento region to remain eligible. Contact the church office for further information. Applicants must submit a certificate of completion for both parents/guardians, as applicable, to the church office. Applicants will be reimbursed a maximum of \$50 towards the application fee upon request, proof of payment and submission of the certificate of completion.

Process:

1. Announcements for the Tuition Assistance Program will be made in the church bulletin.
2. Interested families may obtain an application from the church office or online at <http://www.carmsda.org>. It is the responsibility of the applicant to submit the application via mail or directly to the office:

Carmichael Seventh Day Adventist Church
Attn: Pastor Benji Ferguson
4600 Winding Way
Sacramento, CA 95841

3. Note the **requirement** of a copy of: 2018 Federal 1040 pg 1, W2's, 1099's, and other applicable documentation as indicated on page two of the application.
4. The Tuition Assistance committee will review all applications and will inform the parent(s)/guardian of the amount granted.

Carmichael Seventh Day Adventist Church Student Tuition Assistance Application

Children's names (for whom tuition assistance is requested)

1. _____ Age ____ Grade ____
2. _____ Age ____ Grade ____
3. _____ Age ____ Grade ____
4. _____ Age ____ Grade ____

Resides with: Both parents__ Father__ Mother__ Guardian__ Other_____

Total Tuition Assistance requested per month (a specific amount or a range).

\$ _____

Family Information

Father's Name _____ Telephone # _____

Occupation _____

Home Address _____
Number and Street City State Zip Code

Mother's Name _____ Telephone # _____

Occupation _____

Home Address _____
Number and Street City State Zip Code

Married __ Separated __ Divorced __ Widow(er) __ Other __

Guardian _____ Occupation _____ Telephone # _____

Home Address _____
Number and Street City State Zip Code

Step Father _____ Occupation _____

Step Mother _____ Occupation _____

Main contact email _____

Other Dependents (name and relationship)

Sabbath School Attendance: My child(ren) named above attend Sabbath School at Carmichael Adventist Church ____ times a month (average)

If less than once a month, please explain. _____

Participation: How do you envision your family involvement at Carmichael Seventh-Day Adventist Church and Sacramento Adventist Academy? _____

Additional Information: Provide any additional information you believe the Tuition Assistance Committee should consider regarding eligibility and the amount of assistance required. _____

***Be sure to complete and sign this form AND include a copy of page 1 of your Federal IRS 1040 Tax Form, W2's, 1099, and other applicable documents as indicated on the next page when submitting your application.**

Personal Income

Father's employer(s) _____ Gross Monthly Income \$ _____
Mother's employer(s) _____ Gross Monthly Income \$ _____

Adjusted Gross Income from your most recent Federal IRS 1040 Tax Form \$ _____

Student(s) earnings
_____ \$ _____ \$ _____ \$ _____
Applicant name/annual earnings Applicant name/annual earnings Applicant name/annual earnings

Other Income Sources

Alimony \$ _____ SSI \$ _____ Scholarships \$ _____
Child Support \$ _____ AFDC \$ _____ Grants \$ _____
Disability \$ _____ VA Benefits \$ _____ Food Stamps \$ _____
Unemployment \$ _____ Pension \$ _____ Investments \$ _____
Conference assist. \$ _____ Gifts/family \$ _____ Other \$ _____

Total other income per month \$ _____

Monthly Expenses

Rent \$ _____ /month
House Payment \$ _____ /month
Automobiles Make _____ Year _____ Payment \$ _____ /month
Make _____ Year _____ Payment \$ _____ /month
Boat Make _____ Year _____ Payment \$ _____ /month
Motor Home Year _____ Class _____ Payment \$ _____ /month
Consumer Debt (credit, HELOC, student loans) Payment \$ _____ /month
Health insurance \$ _____ /month
Out of pocket medical expenses \$ _____ /month

Statement: My signature below indicates that:

- 1. I request the Carmichael Tuition Assistance Committee to consider my application for tuition aid for my children.
- 2. I certify that the information I've provided on this form is true and correct.
- 3. I authorize the Carmichael Tuition Assistance Committee to verify any or all of my information.
- 4. I authorize Sacramento Adventist Academy to release information about my payment records, grades, and/or citizenship status of my child(ren) being considered for tuition assistance.

Signature of Father or Guardian Date Signature of Mother or Guardian Date

Signature of Students:

The information requested on this form will be used by the Carmichael Tuition Assistance Committee as it considers your request for assistance. This information will remain in strict confidence.

Reminder: Submit this completed form, copy of page 1 of your Federal IRS 1040 Tax Form, W2, 1099, and documentation of other income sources listed above in a **sealed** envelope to the Carmichael Seventh Day Adventist Business **Office**. Address the envelope to Pastor Benji Ferguson.



SACRAMENTO ADVENTIST ACADEMY

Authorization to Release Information

School Year 20_____ - 20_____

Students Applying for Aid:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

I/We _____ (parent/guardian) authorize Sacramento Adventist Academy to release payment history and grades to _____ (church name). I understand that payment history and grades may affect eligibility for church aid according to the church's policy for financial aid. I understand that my authorization will remain effective from the date of my signature until the end of the current school year, and that the information will be handled confidentially. I understand that I may revoke the authorization at any time by written, dated communication to Sacramento Adventist Academy Office. I have read and understand the nature of this release.

Signature of Parent/Guardian

Date